

EXHIBIT C



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New York College of Osteopathic Medicine

Re: AJ Bahl

I am writing to support a request from Mr. AJ Bahl (DOB 7/21/85) for a six month medical leave from NYCOM to allow AJ sufficient time to ameliorate the significant life impairment from several disorders noted below. I have been treating Mr. Bahl since March of 2011 for Attention Deficit Hyperactivity Disorder (ADHD), combined type (314.01), Generalized Anxiety Disorder (GAD) (300.02) with components of social anxiety disorder and Deficits in Executive Function (DEF) (Learning Disorder NOS, 799.55). AJ has also been diagnosed with Speech Cluttering (Childhood onset fluency disorder, 315.35).

My original evaluation of AJ consisted of prior record review, interview with Mr. Bahl and collection of data via clinical rating scales (Adult ADHD Self Report Scale v.1.1 Symptom Checklist). Mr. Bahl reported a lifelong history of both symptoms of inattention (difficulty with organization and planning, forgetfulness, inattention, easy distraction, procrastination and trouble completing tasks in allotted time) and hyperactivity-impulsivity (talking out of turn, restlessness, difficulty remaining seated, inability to wait, a need to be constantly busy, fidgetiness and interrupting others when busy). These symptoms caused substantial real-life impairment in AJ's functioning in the following domains: School/work: academic underperformance and difficulty completing tasks in time allotted, Home: messiness and disorganization leading to missing deadlines in day to day functioning (paying bills on time and keeping appointments) and social (unable to make or keep appointments with friends or colleagues). He did have a history of generalized anxiety (free floating anxiety and heightened dread when needing to completing tasks, which was exacerbated by completing tasks in public - social anxiety), but the noted symptoms and impairments from ADHD antedate anxiety symptoms and persist at times when anxiety symptoms are quiescent, indicating that Generalized Anxiety Disorder was a co-travelling condition and not the root cause of the symptoms of and impairments from inattention and hyperactivity-impulsivity noted above. The diagnosis of ADHD was confirmed by neuropsychological testing by Dr. Yellin (8/2011). Furthermore, deficits in executive function (DEF) (difficulty with planning/organization, task monitoring, inhibition, emotional control, working memory and shifting from task to task) were noted both clinically on the Behavior Rating Inventory for Executive Function (BRIEF) and on various neuropsychological tests. In addition the

neuropsychological testing revealed deficits in word retrieval and reading rate. Furthermore, a diagnosis of speech cluttering was established by Florence Myers Ph.D. in 8/2011. The diagnosis of cluttering was established by a lifelong pattern of mumbling and slurring of speech, disfluencies, word finding issues, irregular rate of speech, deficits in speech prosody and difficulty in organization of speech.

AJ remains in regular psychopharmacologic treatment with me on an every 2-4 week basis, along with ongoing psychotherapy in cognitive behavioral therapy with Dr. David Fazzari. Although his ADHD and anxiety symptoms have improved somewhat with treatment with Lisdexamfetamine (Vyvanse), Mixed amphetamine salts (Adderall), Clonazepam (Klonopin), Buspirone (Buspar) and Escitalopram (Lexapro), he continues to have significant symptoms of inattention, distraction, anxiety and deficits in executive function (trouble with time management, planning/organization, working memory deficits and trouble shifting sets). The ongoing symptoms of ADHD and DEF, along with the speech cluttering lead to real life limitations/impairments in functioning. These impairments in functioning have been documented in the Barkley Functional Impairment Scale (BFIS) completed by AJ on 8/15/13. The BFIS is a valid functional impairment scale which documents in impairments in 15 different life domains as compared to a normative sample of age matched controls (peers).

<u>BFIS domain</u>	<u>Percentile</u>
Home-family	99%*
Home-chores	87%
Work	99%*
Social-strangers	90%*
Social-friends	98%*
Community activities	93%*
Education	99%*
Marriage/dating	97%*
Money management	93%*
Driving	97%*
Sexual Relations	96%*
Organization	99%*
Self-care	98%*
Health maintenance	96%*
Childcare	n/a
Mean impairment score	98%*
Percent domains impaired	98%*

* indicates significant impairment compared to entire normative sample

The BFIS indicates that AJ has substantial ongoing real life impairment in multiple domains affecting numerous aspects of his life (including education, social relationships etc.) that substantially limit his day to day functioning. These limitations from ADHD, DEF, GAD and speech cluttering substantially impair his ability to take examinations such as the COMLEX 2 exams in a manner which reflects his true ability. Of note, his speech, anxiety and attentional deficits substantially hinder his performance on clinical, time sensitive tests, which require social interaction and decision making in a precise manner, such as the COMLEX 2 exams.

The requested six month medical leave is intended to allow AJ to attempt to ameliorate these deficits with an aggressive treatment plan of ongoing psychopharmacologic management (with me), cognitive behavioral therapy and increasing the frequency and intensity of his speech therapy. He also intends to increase his work with a learning specialist. AJ has also been enrolled in a directed course syllabus for students who have had difficulty with the COMLEX exams.

It is my medical opinion that AJ merits receiving a six month medical leave for treatment of his ADHD, Deficits in Executive Function, Generalized Anxiety Disorder and Speech Cluttering. This medical leave would permit him adequate time to make gains in cognitive behavioral and speech therapy, and in his work with the learning specialist, to ameliorate the impact of the substantial impairments noted above.

Please feel free to contact me if you have any questions about my evaluation and treatment of Mr. Bah.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Lenard A. Adler MD". The signature is written in a cursive, flowing style.

Lenard A. Adler MD
Professor of Psychiatry and Child and Adolescent Psychiatry
NYU School of Medicine